



CHARLES COUNTY EMERGENCY SERVICES

NARCOTIC CUSTODY FORM

Date _____

Wasted Medications

Medication	Qty Wasted (mg)	Lot #	Incident No
<input type="checkbox"/> Morphine <input type="checkbox"/> Midazolam			
Witness By 1 (Print/Sign)			
Witness By 2 (Print/Sign)			

Transfer of Controlled Medications

Medication	Qty (mg)	Lot #	Exp Date
<input type="checkbox"/> Morphine <input type="checkbox"/> Midazolam			
Transferred to (Print/Signature)			
Transferred from (Print/Signature)			

Transfer of Controlled Medications

Medication	Qty (mg)	Lot #	Exp Date
<input type="checkbox"/> Morphine <input type="checkbox"/> Midazolam			
Transferred to (Print/Signature)			
Transferred from (Print/Signature)			

Reason for Transfer/Wasting

<input type="checkbox"/> Unused <input type="checkbox"/> Expired <input type="checkbox"/> Damaged <input type="checkbox"/> Other _____
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